



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 10, 2023

Karen Harris  
Integrated Living, Inc.  
43133 Schoenherr Road  
Sterling Heights, MI 48313

RE: License #: AS500392831  
**Chapman**  
**40290 Ryan**  
**Sterling Heights, MI 48310**

Dear Mrs. Harris:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS500392831

**Licensee Name:** Integrated Living, Inc.

**Licensee Address:** 43133 Schoenherr Road  
Sterling Heights, MI 48313

**Licensee Telephone #:** (586) 731-9800

**Licensee/Licensee Designee:** Karen Harris

**Administrator:** Michele Johnson

**Name of Facility:** Chapman

**Facility Address:** 40290 Ryan  
Sterling Heights, MI 48310

**Facility Telephone #:** (586) 731-9800

**Original Issuance Date:** 10/19/2018

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/10/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
I observed medications.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
I observed adequate food supply.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
CAP date 06/01/2021 and rules 806 (2)(a)(b)(f); 204 (3)(a) (d)(g); 208 (1)(g);  
301(10); 316 (1)(f) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



04/10/2023

---

LaShonda Reed  
Licensing Consultant

Date